

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**09/890799**  
APPLICANT(S)

FILED DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50													
TOTAL IND.	3		1										
TOTAL DEP.	13		13										
TOTAL CLAIMS	16		14										
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

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